

SUBPOENA DUCES TECUM

Commonwealth of Virginia VA. CODE §§ 16.1-89, 16.1-131, 16.1-265, Rules 3A:12, 4:9(c)

CITY OR COUNTY

[] General District Court
[] Juvenile and Domestic Relations District Court

STREET ADDRESS OF COURT

REQUEST FOR SUBPOENA DUCES TECUM

- A. I request that a subpoena duces tecum be issued to require the custodian named at right or someone acting on his or her behalf to produce the items [] described below [] on the attached request for issuance of a subpoena duces tecum.

1. To be delivered to: ITEMS TO BE PRODUCED
[] this Court at the above address on: _____
[] the clerk's office of this court at the above address (documents only) on or before: _____

2. (Civil Cases only) To be made available to the requesting party at: _____
DATE AND TIME
_____ for _____
LOCATION TIME PERIOD
to permit such party or someone acting in his or her behalf to inspect and copy, test or sample such tangible things in your possession, custody or control. See reverse.

- B. [] I further request that the custodian also appear in person before this Court at the date and time shown above in Paragraph A.1. with the items subpoenaed.
C. I certify that a copy has been mailed or delivered to counsel of record and/or, if any, to parties not represented by a lawyer.
D. (Criminal cases only) I certify under oath that the items to be produced are material to the proceedings and are in the possession of a person who is not a party to this case.

DATE

SIGNATURE [] PLAINTIFF [] DEFENDANT [] ATTORNEY FOR [] PLAINTIFF
[] DEFENDANT

PRINT NAME

Sworn and subscribed before me on _____

_____ My Commission expires _____
[] CLERK [] DEPUTY CLERK [] NOTARY PUBLIC

SUBPOENA DUCES TECUM

TO ANY AUTHORIZED OFFICER: You are commanded to serve this SUBPOENA DUCES TECUM on the Custodian.
TO THE CUSTODIAN: You or someone acting in your behalf are commanded to produce the items described above, as requested above. If Paragraph B., above, is also checked, you are further commanded to appear in person before this court at the date and time shown above with the items subpoenaed by this subpoena duces tecum and to be ready to testify in response to questions concerning these items. Any objection to such production must be made promptly in writing to the Court.

WARNING: Failure to comply with the terms of this subpoena duces tecum may result in your being fined and/or jailed for contempt of court.

DATE

[] CLERK [] JUDGE [] MAGISTRATE

RETURN DATE

CASE NO.

SUBPOENA DUCES TECUM

[] COMMONWEALTH OF VIRGINIA
[] CITY [] COUNTY [] TOWN OF

[] _____
PLAINTIFF(S)

In re/V.

DEFENDANT(S)

CUSTODIAN

NAME

ADDRESS/LOCATION

REQUESTED ON BEHALF OF:

[] COMMONWEALTH
[] PLAINTIFF(S)
[] CITY, COUNTY or TOWN
[] DEFENDANT(S)
[] JUVENILE

NOTICE:

Upon receipt of the subpoenaed documents, the requesting party must, if requested, provide true and full copies of those documents to any other party or to the attorney for any other party, provided the other party or attorney for the other party pays the reasonable cost of copying or reproducing those documents. This does not apply when the subpoenaed documents are returnable to and maintained by the clerk of the court in which the action is pending. Va. Code § 8.01-417

RETURNS: Each respondent was served according to law, as indicated below, unless not found.

NAME	
ADDRESS	
.....	
<input type="checkbox"/> PERSONAL SERVICE	Tel. No.
<input type="checkbox"/> Being unable to make personal service, a copy was delivered in the following manner: <input type="checkbox"/> Delivered to family member (not temporary sojourner or guest) age 16 or older at usual place of abode of party named above after giving information of its purport. List name, age of recipient, and relation of recipient to party named above.	
<input type="checkbox"/> Posted on front door or such other door as appears to be the main entrance of usual place of abode, address listed above. (Other authorized recipient not found.) <input type="checkbox"/> Served on Secretary of the Commonwealth.	
<input type="checkbox"/> NOT FOUND SERVING OFFICER
..... DATE for	
NAME	
ADDRESS	
.....	
<input type="checkbox"/> PERSONAL SERVICE	Tel. No.
<input type="checkbox"/> Being unable to make personal service, a copy was delivered in the following manner: <input type="checkbox"/> Delivered to family member (not temporary sojourner or guest) age 16 or older at usual place of abode of party named above after giving information of its purport. List name, age of recipient, and relation of recipient to party named above.	
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..... DATE for	